



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME		FIRST NAME	
MIDDLE NAME		OTHER LAST NAMES	
ADDRESS (NUMBER, STREET, BUILDING)			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL ADDRESS		PHONE NUMBER	
ARE YOU 18-YEARS-OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF NO, WHAT IS YOUR DATE OF BIRTH? _____	ARE YOU AN ANNUITANT WITH STATE UNIVERSITIES RETIREMENT SYSTEM (SURS)? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A CONTINUOUS BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGHEST DEGREE OR DIPLOMA:	SCHOOL:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION DESIRED

POSITION(S) DESIRED: _____ FULL-TIME PART-TIME

AVAILABILITY DATE: _____

REFERENCES

NAME AND TITLE OF REFERENCE:
ADDRESS:
PHONE:
NAME AND TITLE OF REFERENCE:
ADDRESS:
PHONE:
NAME AND TITLE OF REFERENCE:
ADDRESS:
PHONE:

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES
 NO

SKIP THE FOLLOWING SECTION IF YOUR EMPLOYMENT IS LISTED ON YOUR RESUME

PLEASE LIST EMPLOYMENT, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER:

EMPLOYER		FULL-TIME PART-TIME
EMPLOYER PHONE		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME & TITLE		
FROM (MO/YR)	TO (MO/YR)	
REASON FOR LEAVING		

EMPLOYER		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
EMPLOYER PHONE		
EMPLOYER'S ADDRESS		
SUPERVISOR'S NAME & TITLE		
FROM (MO/YR)	TO (MO/YR)	
REASON FOR LEAVING		

Declaration: I hereby certify that the information I have provided is complete, true, and correct. Any misrepresentation of information and/or omission of fact may result in my disqualification before appointment or be cause for termination if employed. I authorize the investigation of all information contained in this application as may be necessary in arriving at an employment decision. I waive any right I may have to be notified by any individuals and organizations named in my application for employment prior to the release of any information to Illinois Eastern Community Colleges, including the release of information concerning any disciplinary action taken against me by former employers. I hereby release and discharge Illinois Eastern Community Colleges and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information. This shall authorize the procurement of verbal or written references by Illinois Eastern Community Colleges as part of pre-employment reference checks. If hired, this authorization shall remain on file in the IECC Human Resources Department. I understand that prior to being considered for any offer of employment, Illinois Eastern Community Colleges may undertake a background check, including criminal background history. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If employed, I agree to abide by all policies, procedures, rules, and regulations of Illinois Eastern Community Colleges.

SIGNATURE: _____ DATE: _____

Human Resources Department
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